

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39669** (9)

1. Corporation Name

CUTTER SOUND UTILITY ASSOCIATION, INC.



Principal Place of Business

**13054 GILSON ROAD
PALM CITY FL 34990**

Mailing Address

**2381 S.W. CARRIAGE HILL TERRACE
PALM CITY FL 34990
US**

3. Date Incorporated or Qualified
08/22/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2381 S.W. CARRIAGE HILL TER.**

2381 S.W. CARRIAGE HILL TER.

4. FEI Number
65-0215262

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **106**

27 **106**

City & State

City & State

23 **PALM CITY, FL**

28 **PALM CITY FL**

Zip

Country

Zip

Country

24 **34990**

25 **U.S.**

29 **34990**

30 **U.S.**

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPECTOR, SAUL

~~13054 GILSON ROAD
PALM CITY FL 34990~~

**2381 S.W. CARRIAGE HILL TER.
UNIT 102
PALM CITY, FL 34990**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **SPECTOR, SAUL**
STREET ADDRESS **13054 GILSON ROAD**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☐ DELETE
NAME **CARPENTIER, ANTHONY P**
STREET ADDRESS **2363 S.W. CARRIAGE HILL TR.**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☐ DELETE
NAME **POSA, LUCILLE**
STREET ADDRESS **2363 S.W. CARRIAGE HILL TR.**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **SPECTOR, SAUL** (ADDRESS)
1.3 STREET ADDRESS **2381 SW CARRIAGE HILL TR., #102**
1.4 CITY-ST-ZIP **PALM CITY FL 34990**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

Daytime Phone #

CP2E037 (12/95)